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terms hereof. Grantee has caused this Agreement to be executed by its duly authorized _____, properly attested to and its corporate seal affixed by its duly authorized _____.

Attest:
Grantee:
By _____
(Title) _____

United States Of America Farmers Home Administration or its successor agency under Public Law 103-354:

By _____
(Title) _____

Date of Execution of Grant Agreement by FmHA or its successor agency under Public Law 103-354: _____

Attached Statement of Activities Is Made Part of This Agreement.

**EXHIBIT B TO SUBPART N OF PART 1944—
AMENDMENT TO HOUSING PRESERVA-
TION GRANT AGREEMENT**

This Amendment between _____ herein called "Grantee," and the United States of America acting through the Farmers Home Administration, Department of Agriculture, herein called "FmHA," or its successor agency under Public Law 103-354 hereby amends the Housing Preservation Grant Agreement executed by said parties on _____, 19____, hereinafter called the "Agreement."

Said Agreement is amended by extending the Agreement to _____, 19____, and/or by making the following changes noted in the attachments hereto: (List and identify proposal and any other documents pertinent to the grant which are attached to the Amendment.)

Grantee has caused this Agreement to be executed by its duly authorized _____, properly attested to and its corporate seal affixed by its duly authorized _____.

Attest:
Grantee:
By _____
(Title) _____

United States Of America Farmers Home Administration or its successor agency under Public Law 103-354:

By _____
(Title) _____

Date of Execution of Amendment to Grant Agreement by FmHA or its successor agency under Public Law 103-354: _____.

7 CFR Ch. XVIII (1-1-12 Edition)

**EXHIBIT C TO SUBPART N OF PART 1944
[RESERVED]**

**EXHIBIT D TO SUBPART N OF PART 1944—
PROJECT SELECTION CRITERIA—OUT-
LINE RATING FORM**

Applicant _____ Name _____

Applicant _____ Address _____

Application received on _____.
State _____ District Office _____.

Threshold Criteria

Applicant must meet the following:

1. Proposes a financially feasible HPG program yes— no—
2. Serves an eligible rural area yes— no—
3. Is an eligible HPG grantee yes— no—
4. Has met consultation and public comment rules yes— no—

If answer to any of the above is "no", application is rejected and applicant so notified.

Selection Criteria:

Select the appropriate rating:

1. Points awarded based on the percentage of very-low income homeowners or families the applicant proposes to assist, using the following scale _____:

- (a) More than 80%: 20 points.
- (b) 61% to 80%: 15 points.
- (c) 41% to 60%: 10 points.
- (d) 20% to 40%: 5 points.
- (e) Less than 20%: 0 points.

2. Points awarded based on the applicant's percentage of use of HPG funds to total cost of unit preservation. This percentage reflects maximum rehabilitation with the least possible HPG funds due to leveraging, innovative financial assistance, or other specified approaches. Points are based on the following percentage of HPG funds to total funds _____:

- (a) 50% or less: 20 points.
- (b) 51% to 65%: 15 points.
- (c) 66% to 80%: 10 points.
- (d) 81% to 95%: 5 points.
- (e) 96% to 100%: 0 points.

3. The applicant has demonstrated its administrative capacity in assisting very low- and low-income families obtain adequate housing based on the following:

(a) The organization or a member of its staff has at least one or more years experience successfully managing and operating a rehabilitation or weatherization type program _____:

- Yes—10 points.
No—0 points.

RHS, RBS, RUS, FSA, USDA

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(b) The organization or a member of its staff has at least one or more years experience successfully managing and operating a program assisting very low- and low-income families obtain housing assistance _____:

Yes—10 points.

No—0 points.

(c) If the organization has administered grant programs, there are no outstanding or unresolved audit or investigative findings which might impair carrying out the proposal _____:

No findings: 10 points.

Outstanding findings: 0 points.

4. The proposed program will be undertaken *entirely* in rural areas outside Metropolitan Statistical Areas (MSAs) identified by FmHA or its successor agency under Public Law 103-354 as having populations below 10,000 or in remote parts of other rural areas (*i.e.*, rural areas contained in MSAs with less than 5,000 population) _____:

Non-MSA area below 10,000 pop.: 10 points.

MSA area below 5,000 pop.: 10 points.

Neither: 0 points.

5. The program will use less than 20 percent of HPG funds for administration _____:

Less than 20%: 5 points.

20%: 0 points.

6. The proposed program contains a component for alleviating overcrowding _____:

Has component: 5 points.

No component: 0 points.

7. The applicant is an existing grantee and meets the conditions of §1944.686 of this subpart for additional points _____:

Meets conditions: 10 points.

Doesn't meet conditions: 0 points.

Total Points _____:

Ranking of This Applicant _____

[58 FR 21894, Apr. 26, 1993, as amended at 73 FR 36269, June 26, 2008]

**EXHIBIT E TO SUBPART N OF PART 1944—
GUIDE FOR QUARTERLY PERFORMANCE REPORT**

Grantee name: _____

Grantee address: _____

Grant quarter: _____

Report Period: From: _____ To: _____

I. General Information on Use of HPG Funds During Period:

A. Use of Administrative Funds:

Budgeted Amount\$ _____

Expended Thru Last Quarter\$ _____

Direct Cost:

Personnel\$ _____

Supplies & Equip\$ _____

Travel\$ _____

Indirect Costs:

(_____ % Rate)\$ _____

This Quarter Total\$ _____

B. Use of Program Funds:

Budgeted Amount\$ _____

Expended Thru Last Quarter\$ _____

LoansNo. _____ \$ _____

GrantsNo. _____ \$ _____

Other subsidies

(describe briefly)No. _____ \$ _____

This Quarter Total\$ _____

II. Description of recipients provided assistance during report period: (Attach breakdown for each HPG recipient on separate page including name, address, income, size, race, housing preservation activities, and type of assistance received):

Number of low-income homeowners assisted _____

Number of very low-income homeowners assisted _____

Total number of homeowners assisted _____

Racial composition:

White _____

Black _____

Hispanic _____

Am. Indian _____

Other _____

III. Description of types of housing preservation provided:

Housing preservation activity		Financial assistance		
Item	Cost of materials/labor	HPG	Other	Total

IV. Objectives for next period:

LoansNo. _____ \$ _____

GrantsNo. _____ \$ _____

Other subsidyNo. _____ \$ _____

TotalsNo. _____ \$ _____

V. Project summary:

	No. homeowners	HPG funds	Other
Assistance objectives of project		\$ _____	\$ _____
Assistance to date		_____	_____
Assistance during next period		_____	_____
Average amount of HPG assistance.			
Per unit provided (program to date) (per unit)	\$ _____		

VI. Narrative:

A. Significant accomplishments.

B. Problem areas.

C. Proposed changes/assistance needed, etc.

D. Status of implementing environmental and historic preservation requirements. Include number of historic properties assisted.